

BASIC APPLICATION FOR MS WING CAP ENCAMPMENT																																											
NAME (Last, First, MI)								CAP GRADE		CAP SERIAL NUMBER																																	
CURRENT ADDRESS										PHONE NUMBER																																	
CITY				STATE				ZIP CODE				SOCIAL SECURITY NUMBER																															
HEIGHT (ft, in.)		WEIGHT		UNIT NAME				UNIT CHARTER NUMBER				DATE JOINED CAP																															
T-SHIRT SIZE (circle one)				S		M		L		XL		XXL		XXXL		AGE		DATE OF BIRTH		Sex		M		F																			
STATUS IN CADET PROGRAM (cadets only)																Circle the phase of the cadet program you are in and the number of achievements completed																											
PHASE		I		II		III		IV		ACHIEVEMENT		1		2		3		4		5		6		7		8		9		10		11		12		13		14		15		16	
PRESENT DUTY ASSIGNMENT																																											
SQUADRON POSITION EXPERIENCE																																											
DATES								POSITIONS HELD																LOCATION																			
_____								_____																_____																			
_____								_____																_____																			
_____								_____																_____																			
PREVIOUS ENCAMPMENT EXPERIENCE																																											
TYPE (A/B/other)								DATES ATTENDED								POSITIONS HELD								LOCATION																			
_____								_____								_____								_____																			
_____								_____								_____								_____																			
_____								_____								_____								_____																			
PARENTAL CONSENT STATEMENT																																											
Last Name								First Name								MI								CAPSN																			
<p>Is hereby granted permission to travel by military of CAP-USAF government contract aircraft for the purpose of participating in Civil Air Patrol's, the United States Air Force's, and/or Mississippi Air National Guard's military orientation flights during the Mississippi Wing Type A Encampment.</p> <p>I understand that military aircraft and facilities are provided at the convenience of the military and that my dependent may be required to defray the cost of commercial transportation to and from the activity and/or quarters</p> <p>Know all men by these presents whereby my child has applied for the encampment above, in consideration of the permission extended to my child by Civil Air Patrol through its officers and agents to participate in said encampment, I do hereby for myself, my heirs, executors, and administrators release and forever discharge the Civil Air Patrol, Inc and all its officers, agents, employess acting official or otherwise, from any and all claims, demands, actions, or causes of action, on account of any injury to my child which may account of any injury to my child which may occur as a result of negligence of the Civil Air Patrol, its agents or employess during said encampment as well as all ground and flight operations incidents thereto. In addition, by my signature below, I certify the applicant:</p> <p>1 is my minor child or ward</p> <p>2 has no history of injury disease which might be affected by this activity except those noted in the Medical Information section of this form</p> <p>3 will follow all rules, regulations, and directives as established by the Civil Air Patrol, Inc, encampment commander, or other staff members. If not following the above mentioned rules, regulations, and directives he/she may be sent home at the discretion of the encampment commander at my expense</p> <p>However, in case of injury, disease, or other illness, permission is hereby granted to treat the applicant as required, and if the applicant is released from the activity before recovery from said injury, disease, or illness, further treatment will be provided by myself.</p>																																											
Parent or Guardian Name (print)																Date				Witness for Parent Signature (print)												Date											
Signature of Parent or Guardian																Witness for Parent Signature																											

## MEDICAL INFORMATION

Do you currently use any medications? (Including eye drops)  
(list any medications taken and the reason in the remarks section)

☐ No ☐ Yes

Have you ever had or have now any of the following? (if yes is answered on any item, please explain why in the remarks section with dates and physician(s) consulted (if any). Items not specifically noted below having the potential to interfere with performance during the encampment should be documented in the remarks section.)

<input type="checkbox"/> No	<input type="checkbox"/> Yes	Frequent or severe headaches	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Eye trouble, excluding eyeglasses
<input type="checkbox"/> No	<input type="checkbox"/> Yes	Dizziness or fainting spells	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Nervous trouble of any sort
<input type="checkbox"/> No	<input type="checkbox"/> Yes	Unconscious for any reason	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Any known allergies
<input type="checkbox"/> No	<input type="checkbox"/> Yes	Motion sickness	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Any drug or narcotic habit
<input type="checkbox"/> No	<input type="checkbox"/> Yes	Hay fever	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Chronic or recurring injuries
<input type="checkbox"/> No	<input type="checkbox"/> Yes	Sugar or albumin in urine	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Chronic disease like Diabetes or Bronchitis
<input type="checkbox"/> No	<input type="checkbox"/> Yes	Heart Trouble	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Girls only- Menstrual cramps
<input type="checkbox"/> No	<input type="checkbox"/> Yes	High or low blood pressure	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Other illness or accidents
<input type="checkbox"/> No	<input type="checkbox"/> Yes	Stomach trouble	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Military rejection or medical discharge
<input type="checkbox"/> No	<input type="checkbox"/> Yes	Asthma	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Admission to hospital
<input type="checkbox"/> No	<input type="checkbox"/> Yes	Ear infections	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Record of traffic convictions
<input type="checkbox"/> No	<input type="checkbox"/> Yes	Rupture	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Record of other convictions
<input type="checkbox"/> No	<input type="checkbox"/> Yes	Positive TB skin test	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Kidney stones or blood in urine
<input type="checkbox"/> No	<input type="checkbox"/> Yes	Epilepsy or fits	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Medical treatment within the last 5 years
<input type="checkbox"/> No	<input type="checkbox"/> Yes	Attempted suicide			other than regular office visits or physicals

Immunizations: \_\_\_\_\_

### Insurance Information

☐ Medical

Company \_\_\_\_\_

Policy Number \_\_\_\_\_

☐ Liability

Company \_\_\_\_\_

Policy Number \_\_\_\_\_

### Physician Information

Name \_\_\_\_\_

Phone Number \_\_\_\_\_

Address \_\_\_\_\_

### Emergency Contact Information

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Day Phone \_\_\_\_\_

Address \_\_\_\_\_ Work Phone \_\_\_\_\_

Remarks

I CERTIFY THAT THE INFORMATION IS CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF

Signature \_\_\_\_\_

CAP Grade \_\_\_\_\_ Date \_\_\_\_\_

## SQUADRON APPROVAL

I certify that the applicant is qualified to attend a Mississippi Wing Encampment and recommend approval of this application.

\_\_\_\_\_  
Signature of Squadron Commander or Deputy Commander for Cadets

\_\_\_\_\_  
Date